

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90070 007 ***150.00

DOCUMENT # H31329

1. Entity Name

DR. STEVEN PAUL, P.A.

Principal Place of Business

**8008 WILES RD.
 CORAL SPRINGS FL 33067**

Mailing Address

**8008 WILES RD.
 CORAL SPRINGS FL 33067**

2. Principal Place of Business

7460 Wiles Road

Suite, Apt. #, etc.

3. Mailing Address

7460 Wiles Road

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA

City & State

Coral Springs FL

Zip

33067

Country

USA

4. FEI Number

59-2468749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, STEVEN DR.
 8008 WILES RD.
 CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PAUL, STEVEN, DVM | |
| STREET ADDRESS | 8008 WILES ROAD | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | PAUL, NORMAN | |
| STREET ADDRESS | 8008 WILES ROAD | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PAUL, FLORRIE | |
| STREET ADDRESS | 8008 WILES ROAD | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PAUL, JILL | |
| STREET ADDRESS | 800 S. WILES ROAD | |
| CITY-ST-ZIP | CORAL SPGS. FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul, Steven DVM | |
| STREET ADDRESS | 7460 Wiles Road | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul, Norman | |
| STREET ADDRESS | 7460 Wiles Road | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul, Florrie | |
| STREET ADDRESS | 7460 Wiles Road | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul, Jill | |
| STREET ADDRESS | 7460 Wiles Road | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)